● (CJA 20 APPOINTMENT OF AN	D AUTHOR	III IOPAI COU	CI-APPOINTED COUNS	EL (Rev. 12/03)				
CIR./DIST./ DIV. CODE Newark Zachary Turner 1. CIR./DIST./ DIV. CODE Zachary Turner						VOUCHER NU	JMBER		
3. N	B. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF				5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) 8. 1			04-188 8. PAYMENT CATEGORY		0 TVDE DED SON E	9. TYPE PERSON REPRESENTED		10. DEDDEGENERATION TARRE	
	US v Turner		x Felony Petty Offense Misdemeanor Other Appeal		x Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other ☐		nt (See Instruc	10. REPRESENTATION TYPE (See Instructions)	
11.	OFFENSE(S) CHARGED (Cite Violati	U.S. Code, T		ore than one offense, list (s charged, according	to severity of offense.		
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS				any suffix),	13. COURT ORDER X O Appointing		□ C Co-Cou	□ C Co-Counsel□ R Subs For Retained Attorney□ Y Standby Counsel	
	Anna Cominsky, Esq.				☐ F Subs For F	ederal Defender	□ R Subs Fo		
					☐ P Subs For P	anel Attorney	□ Y Standby		
973-424-9777					Prior Attorney's Appointment Dates:				
			☐ Because the above-named person represented has testified under oath or has otherwise						
Telephone Number :					satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose				
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					name appears in Item 12 is appointed to represent this person in this case, OR				
					Other (See Instructions)				
	Klingeman, Henry	/ E. (3)	(///		
Krovatin Klingeman LLC					\ ;	Signature of Presiding	Judge or By Order of	1	
744 Broad Street, Suite 1903					5/24/11			7/8/11	
Newark, NJ 07102						e of Order renavment ordered fro		Nunc Pro Tunc Date he person represented for this service at time	
	110110111, 110 07 102					☐ YES ☐ NO	on the person represen	ned for this service at time	
11.	CLAIM1	FOR SEI	RVICES AND	EXPENSES	# 12 VZ(E)	F	DR COURT US	EONLY	
	CATEGORIES (Attach itemiza	ttion of servi	ces with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS			
15.	a. Arraignment and/or Plea				TO STATE OF	TIOOKS	AMOUNT		
	b. Bail and Detention Hearings	3							
	c. Motion Hearings		***************************************		A A CONTRACTOR	7.47		- 11	
Ę	d. Trial e. Sentencing Hearings					7-2 7-2			
	e. Sentencing Hearings f. Revocation Hearings g. Appeals Court								
I							2000年1月1日。 1	10.73	
	h. Other (Specify on additional	l sheets)							
16	(RATE PER HOUR = \$) TOTALS			30	The state of the s		
16.	6. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time								
l mo							—————————————————————————————————————		
of C	d. Travel time				Å		2012		
Į	e. Investigative and other work	(Specify on			ining to the skeller also				
	(RATE PER HOUR = \$) TOTALS	i i i i i i i i i i i i i i i i i i i		2019 T			
17. 18.	Travel Expenses (lodging, park Other Expenses (other than exp						000		
	AND TOTALS (CLAI			D)•					
19.	CERTIFICATION OF ATTORN	EV/DAVEE	10 1400 CDIL	A STATE OF THE STA	20 APPOINTMEN	T TERMINATION I	DATE 21. C	CASE DISPOSITION	
	FROM:	E I/FAILE		OF SERVICE	1	AN CASE COMPLET	1	CASE DISTOSITION	
	FROM:		то:		1	AN CASE COMPLET	TION	ASL DISTOSITION	
22.	CLAIM STATUS	Final Paymer	TO:	rim Payment Number	IF OTHER TH	AN CASE COMPLET	TION nental Payment		
22.	CLAIM STATUS Have you previously applied to the Other than from the Court, have you	Final Paymer he court for c	TO: Integration and/or ur knowledge has an	rim Payment Number reimbursement for this yone else, received payme	IF OTHER TH. □ YES □ NO	AN CASE COMPLET Suppler If yes, were ye	nental Payment ou paid? YES	□ NO	
22.	CLAIM STATUS	Final Paymer he court for c you, or to you	TO: Integration and/or ur knowledge has an If yes, give details	rim Payment Number reimbursement for this yone else, received payme on additional sheets.	IF OTHER TH. □ YES □ NO	AN CASE COMPLET Suppler If yes, were ye	nental Payment ou paid? YES	□ NO	
22.	CLAIM STATUS	Final Paymer he court for c you, or to you	TO: Integration and/or ur knowledge has an If yes, give details	rim Payment Number reimbursement for this yone else, received payme on additional sheets.	IF OTHER TH. □ YES □ NO	Suppler If yes, were yething of value) from a	nental Payment ou paid? YES	□ NO	
22.	CLAIM STATUS	Final Paymer he court for c you, or to you	TO: Interpretation and/or ur knowledge has an If yes, give details of the above statements.	rim Payment Number reimbursement for this yone else, received payme on additional sheets. ents.	IF OTHER TH. ☐ YES ☐ NO Int (compensation or any	AN CASE COMPLET Suppler If yes, were you thing of value) from a	nental Payment ou paid? YES	□ NO	
22.	CLAIM STATUS	Final Paymer the court for c you, or to you NO correctness o	TO: Interpretation and/or ur knowledge has an If yes, give details of the above statements.	rim Payment Number reimbursement for this yone else, received payme on additional sheets.	IF OTHER TH. □ YES □ NO Int (compensation or an)	AN CASE COMPLET Suppler If yes, were yething of value) from a Date	nental Payment ou paid? YES uny other source in cor	□ NO	
22.	CLAIM STATUS	Final Paymer the court for c you, or to you NO correctness o	TO: Int	rim Payment Number reimbursement for this yone else, received payme on additional sheets.	IF OTHER TH. □ YES □ NO Int (compensation or an)	AN CASE COMPLET Suppler If yes, were yething of value) from a Date	nental Payment ou paid? YES uny other source in cor	□ NO Inection with this IT. APPR./CERT.	